

PART B - FEE(S) TRANSMITTAL

Complete intrappes is form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26161

7590

09/22/2005

FISH & RICHARDSON P.C. 225 FRANKLIN STREET BOSTON, MA 02110 12/19/2005 RMEBRAH1 00000023 09869249

01 FC:1501 02 FC:1504

1400.00 DP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated

Irja Zarembok (Depositor's name)

F6:13V4	000100 01			/ amuull		(Signature)
				K	12-14-05	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,249	05/20/2002	Gilad Kirsher		nenboim	12816-017001	2280
TITLE OF INVENTION: DA	ATA TRANSMISSION NETWO	ORK				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	12/22/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
Ajit Patel		2664		370-35200		
 CFR 1.363). [X] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. [] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 			names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
PLEASE NOTE: Unless previously submitted to t (A) NAME OF ASSIGN	an assignee is identified below, he USPTO or is being submitte EE	no assignee da d under separate (B	ta will appear on the cover. Completi) RESIDENCE (0	the patent. Inclusion of assign on of this form is NOT a su CITY and STATE OR COU	gnee data is only appropriate whe bstitute for filing an assignment. NTRY)	n an assignment has been
Infineon Technologies A	AG	M	unich, Germany			
Please check the appropriat	e assignee category or categorie	es (will not be p	rinted on the pate	nt): [] individual [X]	corporation or other private grou	p entity [] governmen
4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies			4b. Payment of Fee(s): [X] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).			
[].a. Applicant claims S	s (from status indicated above) MALL ENTITY status. See 37			o o	MALL ENTITY status. See 37 ((0)()
The Director of the USPTO NOTE: The issue Fee and shown by the records of the	is requested to apply the Issue Publication Fee (if required) wi Untied States Patent and Trade	Fee and Publicall not be accepted mark Office.	ation Fee (if any) ed from anyone of	or to re-apply any previous ther than the applicant, a reg	y paid issue fee to the application gistered agent or; or the assignee	n identified above. or other party in interest as
(Authorized Signature)		aus			4.05	
Typed or Printed Name	Faustino A. Lichauco			Registration No. <u>.41,942</u>		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)